

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
SOUTHERN DIVISION**

**UNITED STATES OF AMERICA**

**v.**

**CRIMINAL NO. 1:19cr62-LG-RPM-3  
CIVIL NO. 1:22CV276-LG**

**FORTRELL LATRAE SAIN**

**ORDER**

Upon consideration of the [173] Motion to proceed *in forma pauperis* on appeal to the United States Court of Appeals for the Fifth Circuit filed by the defendant in the above-entitled action, the Court notes that the application to proceed *in forma pauperis* filed by the defendant is incomplete. Accordingly, it is hereby ORDERED:

1. That within fifteen days of the entry of this order, the defendant shall file a completed (1) Authorization for Release of Institutional Account Information and Payment of the Appeal Filing Fee and (2) Certificate to be Completed by Authorized Officer, or (3) pay the required appeal filing fee of \$505.

2. The Clerk shall mail the attached *in forma pauperis* Authorization and Certificate to the defendant at his last known address.

Failure to advise this court of a change of address or failure to comply with any order of this court will be deemed as a purposeful delay and contumacious act by the defendant and may result in the denial of *in forma pauperis* status or the dismissal of this appeal.

**SO ORDERED AND ADJUDGED** this the 25th day of July, 2023.

s/ *Louis Guirola, Jr.*

Louis Guirola, Jr.  
United States District Judge

-----MUST BE COMPLETED BY DEFENDANT-----  
Authorization for Release of Institutional Account Information and  
Payment of the Appeal Filing Fee

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of Defendant) (Prisoner Number)  
authorize the Clerk of Court to obtain, from the agency having custody of my person,  
information about my institutional account, including balances, deposits and withdrawals. The  
Clerk of Court may obtain my account information from the past six months and in the future,  
until the appeal filing fee is paid. I also authorize the agency having custody of my person to  
withdraw funds from my account and forward payments to the Clerk of Court, in accord with 28  
U.S.C. Section 1915.

\_\_\_\_\_  
(Signature of Defendant)

\_\_\_\_\_  
(Date)

IT IS DEFENDANT'S RESPONSIBILITY TO HAVE THE APPROPRIATE PRISON  
OFFICIAL COMPLETE AND CERTIFY THE CERTIFICATE BELOW

CERTIFICATE TO BE COMPLETED BY AUTHORIZED OFFICER  
(Prisoner Accounts Only)

I certify that the applicant named herein has the sum of \$ \_\_\_\_\_  
on account to his credit at the \_\_\_\_\_ institution where he is  
confined. I further certify that the applicant likewise has the following securities to his credit  
according to the records of said institution:

I further certify that during the last six (6) months the  
plaintiff's average monthly **balance** was \$ \_\_\_\_\_.

I further certify that during the last six (6) months the  
plaintiff's average monthly **deposit** was \$ \_\_\_\_\_.

\_\_\_\_\_  
TELEPHONE NUMBER  
OF OFFICER FOR VERIFICATION

\_\_\_\_\_  
AUTHORIZED OFFICER OF INSTITUTION

\_\_\_\_\_  
PRINT NAME OF AUTHORIZED OFFICER

\_\_\_\_\_  
DATE

RETURN COMPLETED FORM TO:  
U. S. DISTRICT CLERK  
501 E. Court Street, Suite 2.500  
Jackson, Mississippi 39201